

PHYSICAL ADDRESS
AUTHORIZATION AND RELEASE

I, _____, hereby give my permission to The American Iris Society (“AIS”) to publish my physical address on its website and/or in its publications, including any promotional materials. I understand my physical address will be used exclusively for AIS-related purposes and not for any commercial gain.

I understand that the AIS is not responsible for any unauthorized use of my physical address. On behalf of myself and my heirs and representatives, I hold harmless and release the AIS from any and all claims or causes of action I may have.

By signing below, I acknowledge that I have read and understand this release.

Name (Signature)

Date

Name (Print)

Street Address

City, State, Zip Code

Phone Number

Email Address

Note: Upon completion of this form please scan and email it to: AIS Secretary, Michelle Snyder, AISecretary@irises.org; or mail it to her at: 225 Sky Line Drive, Sedona, AZ 86336.